

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
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48						
49	1	1				
50						
TOTAL IND.	4					
TOTAL DEP.	91					
TOTAL CLAIMS	25					

51						
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59	1					
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